LCMS – Kansas District
Individual Professional Development Transcript

Education Agency – Legal Name of School District	Kansas District Lutheran Schools	**District #**	Z0026	**Telephone**	785-357-4441
Name of Applicant		**Social Security #**			

Title of Professional Development Activities	Date Began	Date Completed	Points Awarded	Content Endorsement Standards	Professional Education Standards	Service to the Profession	College/ University Credit
Total Professional Development Points Awarded							

Applicant:		Date:	
PDC Chairperson:		Date:	
PDC Member:		Date:	